

### WITS Documentation for Clients with Active Medicaid

What am I Documenting?	Where do I get the Information?	What do I do in WITS?	What information is entered?
Medicaid Status	SR Report	Create a Benefit Application Record	<p>Clients with active Medicaid will have the value of “Active” in Stat Code column on the SR report.</p> <ul style="list-style-type: none"><li>o Client Benefit Type – select Medicaid.</li><li>o Outcome – select Approved.</li><li>o Application Date – the field will populate with today’s date. Update to e date in the Beg Date column on the SR report.</li><li>o Outcome Date – enter today’s date (date you are entering the information).</li><li>o Benefit Start Date – enter the date in the Beg Date column on the SR report.</li><li>o Status – the field will populate with Active. Update to Final.</li><li>o Benefit Renewal Date – add 365 days to the Start Date to calculate this date.</li><li>o Comments – enter “SR Report”.</li></ul>
Medicaid Number	SR Report	Create/Update Other Numbers Record  <i>Note: in the fall of 2019 an enhancement will be implemented in WITS allowing the Medicaid Number to be entered directly on the Client Profile instead of the Other Numbers record.</i>	<ul style="list-style-type: none"><li>o Number Type – select Medicaid.</li><li>o Number – enter the CIN number from the SR report.</li><li>o Start Date – enter the date in the Beg Date column on the SR report.</li><li>o Status – the field will populate with Active. Do not change the status to any value other than Active.</li><li>o Comments – enter “SR Report”.</li></ul>
Medicaid Number	SR Report	Create/Update Client Group Enrollment	<p>Standards: A Client should only have 1 active Client Group Enrollment (CGE) at a time. Close the existing non-Medicaid CGE by entering an end date the day before the Medicaid coverage begins.</p> <ul style="list-style-type: none"><li>o Review the open non-Medicaid CGE.</li><li>o End Date – enter the End Date (the day before active Medicaid begins-date in the Beg_Date column on the SR report).</li></ul> <p>Standards: When updating an existing Client Group Enrollment (CGE) for Medicaid, review the current Mailing Address for the client before editing the CGE. If the client had a change of address after the CGE was created, the address on the CGE may not be updated, as the Address does not auto update after the initial entry. You must manually update the address on the CGE, anytime there is a change of address.</p> <ul style="list-style-type: none"><li>o Payor Type – select Medicaid.</li><li>o Plan-Group – select Medicaid-IDHW MH-Medicaid.</li><li>o Healthy Connections – select yes or no.</li><li>o Coverage Start Date – enter the date in the Beg Date column on the SR report..</li><li>o Relationship to Subscriber/Responsible Party – select Self.</li><li>o Update the Address fields if you are editing an existing CGE.</li><li>o Subscriber # – enter the CIN number from the SR report.</li></ul>
Client Refused Coverage	Client	<p>Create a Continuing Care record to track when the client has active Medicaid but Client Refused Coverage.</p> <p><b>Note: Do not create this record if the client is willing to accept their Medicaid coverage.</b></p>	<ul style="list-style-type: none"><li>o Service Category – select Medicaid Application.</li><li>o Service Type – select Client Refused Coverage.</li><li>o First Appointment Date – enter the date the client refused to accept the coverage.</li></ul>

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Medicaid Behavioral Health Services (BHS) Provider	Client	Create Continuing Care records to track the transition of the client to a Medicaid Behavioral Health Provider	<p>o Service Category – select Behavioral Health Provider.</p> <p>o Service Type – select the value that fits the situation.</p> <p>o Agency – enter the name of the provider agency.</p> <p>o Address – enter the physical address.</p> <p>o City – enter the city.</p> <p>o State – select the state.</p> <p>o Zip – enter the zip code.</p> <p>o Contact – enter the name of the primary contact. Note: <b>Regions have the option to enter the name of the individual the client will be going to see at the BHS Provider and the time of the Appointment. Some Regions are printing this screen and giving a copy to the client to assist them in getting to the Appointment.</b></p> <p>o First Appointment Date – <b>enter the date of the initial appointment OR the date you conducted the activity for the Referral (see the guide below).</b></p> <p><b>Create at least 2 records for the client for the BHS Provider:</b></p> <ul style="list-style-type: none"><li>• Status of the Referral</li><li>• Status of the Initial Appointment</li></ul>
Document the Medicaid Prescriber	Client	Create Continuing Care records to track the transition of the client to a Medicaid Prescriber (as needed)	<p>o Service Category – select Prescriber.</p> <p>o Service Type – select the value that fits the situation.</p> <p>o Agency – enter the name of the prescriber agency.</p> <p>o Address – enter the physical address.</p> <p>o City – enter the city.</p> <p>o State – select the state.</p> <p>o Zip – enter the zip code.</p> <p>o Contact – enter the name of the primary contact. Note: <b>Regions have the option to enter the name of the individual the client will be going to see at the Prescriber and the time of the Appointment. Some Regions are printing this screen and giving a copy to the client to assist them in getting to the Appointment.</b></p> <p>o First Appointment Date – <b>enter the date of the initial appointment OR the date you conducted the activity for the Referral (see the guide below).</b></p> <p><b>Create at least 2 records for the client for the Prescriber:</b></p> <ul style="list-style-type: none"><li>• Status of the Referral</li><li>• Status of the Initial Appointment</li></ul>

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Medicaid Primary Care Physician (PCP)	Client	Create Continuing Care records to track the transition of the client to a Medicaid Primary Care Physician (PCP).	<div>o Service Category – select Primary Care Physician (PCP).</div> <div>o Service Type – select the value that fits the situation.</div> <div>o Agency – enter the name of the agency or the name of the Prescriber.</div> <div>o Address – enter the physical address.</div> <div>o City – enter the city.</div> <div>o State – select the state.</div> <div>o Zip – enter the zip code.</div> <div>o Contact – enter the name of the primary contact. <b>Note: Regions have the option to enter the name of the individual the client will be going to see and the time of the Appointment. Some Regions are printing this screen and giving a copy to the client to assist them in getting to the Appointment.</b></div> <div>o First Appointment Date – <b>enter the date of the initial appointment OR the date you conducted the activity for the Referral (see the guide below).</b></div> <div>Create at least 2 records for the client for the PCP:<ul style="list-style-type: none"><li>• Status of the Referral</li><li>• Status of the Initial Appointment</li></ul></div>
Pre-Authorization for Medication	Regional Staff	<div>Create a Continuing Care record to ensure Medication requiring a Pre-Authorization is submitted to Medicaid.</div> <div><b>Note: when multiple Pre-Authorization forms are submitted to Medicaid on the same day, enter only one Continuing Care Record.</b></div>	<div>o Service Category – select RX Pre-Authorization.</div> <div>o Service Type – select Medication Pre-Authorization.</div> <div>o Agency – enter Medicaid.</div> <div>o Contact – enter the medications requested on the Pre-Authorization forms you submitted to Medicaid.</div> <div>o First Appointment Date – enter the date the Pre-Authorization was submitted.</div>
Discussions with the client about Medicaid Expansion (while providing a service that will be documented on an Encounter Note	Client	When creating an Encounter Note for the service you provided, document you discussed Medicaid Expansion with the client	<div>o Note Type – select Medicaid Transition.</div> <div>o Complete all other fields normally.</div>
Other Discussions with the client about Medicaid Expansion	Client	When creating a Miscellaneous Note, document discussions with the client about Medicaid Expansion.	<div>o Note Type – select Medicaid Transition.</div> <div>o Complete all other fields normally.</div>
<div>Once a client has successfully attended their BHS Provider and/or Prescriber appointment, close the current Program Enrollment (Med Only, Clinics) <u>within 5 business days of verifying the successful Appointment.</u></div>	Regional Staff	Close the current Program Enrollment (i.e. Med Only, Clinics, etc.)	<div>o End Date – enter the date.</div> <div>o Termination Reason – select the appropriate reason.</div>

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Track services provided after the client has successfully attended their initial appointment with their BHS Provider and/or Prescriber.	Regional Staff	Create a Program Enrollment for Transition Support	<ul style="list-style-type: none"><li>o Program Name – select Transition Support.</li><li>o Start Date – update as needed.</li></ul>
<p><u>Close the case within 45 days</u> from a successful Behavioral Health and/or Prescriber appointment or according to clinician’s discretion.</p> <p>Send the Discharge Report to the client's BHS Provider.</p>	Regional Staff	Complete the Discharge and Close the Case	<ul style="list-style-type: none"><li>o Discharge – complete all fields normally.<ul style="list-style-type: none"><li>o Generate the Discharge Report and send it to the client's BHS Provider.</li></ul></li><li>o Intake Date Closed – enter the date.</li></ul>

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### How to complete the Date field on Continuing Care Records for Medicaid Providers

<b>Provider Referrals &amp; Appointment Statuses</b>	<b>What to enter in the First Appointment Date Field</b>
Referral: Attempted-Client did not Engage	Date client was determined to be unable to engage
Referral: Attempted-Client Refused	Date client refused referral
Referral: Attempted-Unable to Contact	Date unable to contact client (in conjunction with DBH Case Closure Policy 12-07, section D "Process for Disengaged or Unavailable Clients")
Referral: Provider Denied Appointment	Date provider denied the appointment for the client
Referral: To Provider	Date the Provider was given the referral
APPT: Kept	Date of the appointment
APPT: Not Kept	Date of the appointment
APPT: Rescheduled	Date of the appointment
APPT: Scheduled	Date of the appointment